### Application for variation of a placement order Section 23 Adoption and Children Act 2002

Name of court	
Case no.	
Date received by the court	
Date issued	
Fee charged/Remission ID	

#### Notes to applicants

- Before filling in this form, please read the notes on completion.
- If there is not enough room on the form for your reply, please continue on a separate sheet. Put the full name of the child, the Part and the paragraph number at the head of the continuation sheet.

Please use black ink when filling in this form.					
Part 1 About you	See Note 1				
First applicant	Second applicant				
1. Title	1. Title				
☐ Mr ☐ Mrs ☐ Miss	☐ Mr ☐ Mrs ☐ Miss				
☐ Ms ☐ Other	☐ Ms ☐ Other				
2. My name is	2. My name is				
First name(s) in full	First name(s) in full				
Last name	Last name				
3. I am an authorised officer of (give name and address (including postcode) of local authority)	3. I am an authorised officer of (give name and address (including postcode) of local authority)				
4. My telephone number is	4. My telephone number is				
5. My position in the local authority is	5. My position in the local authority is				

Name of firm	
Address (including postcode)	
Telephone no.	Fax no.
DX no.	
E-mail address	
Second applicant - My solicitor i	n these proceedings is
Name of solicitor	
Name of firm	
Address (including postcode)	
Telephone no.	Fax no.
DX no.	
E-mail address	
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8. <sup>-</sup>	The grounds for th	is application	are					See Note 3
Αb	out other orders	or proceedin	gs that affe	ect the	child			·
9.	placement or or	der given abov	re) have be	en comp	relating to the or common to the common to t	nence		See Note
	(in addition to	the placement		n above	·	Ca	ise number	
	(or applied for)	(or dat hearin	e of next g)			(or	serial number)	
	ses concerning							1
10.					relating to a full amenced in any		or step brother or t	
	The following have been co	mpleted/comn	nenced (plea	ase give		nd, if e	sister of the child either authority was the final order)	
	Relationship to	Type of order	Date of		Name of cour	- 1	Case number	]
	child (eg. sister, half-brother)	made (or applied for)	(or date hearing)				(or serial number)	
	child (eg. sister,	made (or applied for)	,				(or serial number)	

# Part 3 About the child's parents or guardian

Γhe child's mother	The child's father	See Note 5
I1. The name of the child's mother is First name(s) in full	The name of the child's father is First name(s) in full	
Last name	Last name	
Her address is (if deceased, please write 'Deceased' in the address box)	His address is (if deceased, please write 'Deceased' in the address box)	
	12. Does he have parental responsibility for the child?	See Note 6
	If No, does he intend to apply for an order under section 4(1)(c) of the Children Act 1989 (a parental responsibility order) or a child arrangements order in respect of the child?	
	☐ Yes ☐ No	
3. <b>The child's guardian</b> The name of the child's guardian is		
First name(s) in full		See Note 7
Last name		
His/Her address is		

## Part 4 Arrangements for contact with the child

١4.	The current arrangements for contact with the child are as follows:	See Note 8
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_	it this application is grapted, the following changes to contact arrangements are	
5.	it this application is granted, the following changes to contact arrangements are proposed:	See Note 8
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### Part 5 Statement of truth

\*delete as appropriate

Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.

\*[I believe] [The first applicant believes] that the facts stated in this application are true. \*I am duly authorised by the first applicant to sign this statement. Print full name Signed Date \*[First applicant] [First applicant's solicitor] For (name of local authority) \*delete as appropriate Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth. \*[I believe] [The second applicant believes] that the facts stated in this application are true. \*I am duly authorised by the second applicant to sign this statement. Print full name Signed Date \*[Second applicant] [Second applicant's solicitor] For (name of local authority)

### If you attend the court for a hearing

1. Does either of you have a disability for which you facilities?	require special assistance or special	See Note 9
☐ Yes ☐ No		
If Yes, please say what your needs are below (the court staff will get in touch with you about your rec	quirements)	ı

#### What to do now

Once you have completed and signed this form, you should take or send the form and **three copies** to the court, together with the court fee and the following documents:

- a copy of the placement order you are asking the court to vary;
- if either authority was a party to the proceedings, a copy of any other final order relating to the child that has effect;
- if either authority was a party to the proceedings, a copy of any final order relating to a full, half or step brother or sister of the child that has effect.